

COMPLETE AS MUCH INFORMATION BELOW AS POSSIBLE

Description: _____

Department: _____

ORG Code: _____

Status:

Received Date: _____ **Completed Date:** _____

Location: _____

VALUE: \$ _____

Condition:

Manufacturer: _____

Model: _____

Serial #: _____

PI/Custodian: _____

PI/Custodian OSU ID#: _____

Use Code:

Title-To (check one):

- CI Conditionally-owned by OSU, insured
- FI Federally-owned/restricted, insured
- FN Federally-owned, not insured
- OI Other-owned (not OSU or Fed), insured
- ON Other-owned (not OSU or Fed), not insured
- SI OSU-owned, insured
- SN OSU-owned, not insured

How Acquired (check one):

- CN Constructed
- FE Fed Excess
- FF Fed Furnished
- FG Fed Gift
- FS Fed Surplus
- GF Gift
- IP Install/Purch
- LE Lease
- LN Loan
- LP Lease/Purch
- OT Other
- PF Purch Fed \$
- PS Purch State \$
- PU Purch Other \$
- RT Rent
- SS State Surplus
- TI Transfer-in
- WU Write-up

For Service Center or Auxiliary, enter Asset Funding Source (required only if different than invoice):

Index	Fund	Org	Acct	Prog	Actv	Locn	%"	Amount

Additional Information:

Requestor Name: _____

Requestor Phone: _____ **Date:** _____

Fixed Assets Use Only

Asset Tag #: _____ **Tag Date:** _____